

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL001113</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/11/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>WE CARE FAMILY CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1718 MORGANTON ROAD</b> <b>BURLINGTON, NC 27217</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments  Report by Suzanna Fay  A Biennial Follow-up Survey was conducted on March 11, 2015. Not all of the previously cited deficiencies were corrected. One deficiency remains to be completed. Therefore, further action is required.  The remaining deficiency is as follows:	{C 000}		
{C 141}	Outside Entrances/Exits-Wanderers  T10: 42C .2209 OUTSIDE ENTRANCES AND EXITS (g) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each required exit door shall be equipped with a sounding device that is activated when the door is opened. The sound must be of sufficient volume that it can be heard by staff. A central control panel that will deactivate the sounding device may be used, provided the control panel is located in the bedroom of the person on call within the home.  This Rule is not met as evidenced by: 1. It was noted that one of the Residents has Alzheimer's. If the Resident has any tendency for wandering, sounding devices shall be installed at all exits per the guidelines of this rule.  3/11/15: SF-At the time of this survey, an alarm was installed on the front door. When tested, the alarm was not working properly and the door was sticking, making it difficult to open. It was also observed that the back exit did not have a working alarm. Have a qualified person repair the door so that it opens easily and repair the alarm on the front door so that it will sound at a volume	{C 141}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{C 141}	Continued From page 1  and length that would notify staff. Have a qualified person install a sounding device on the back exit as well. Provide documentation of these corrections.	{C 141}		